

Brief Report: Effects of an Administrative Supervisory Protocol On Preparation of Behavior Support Plans at a Child Service Setting

Meredith L. Garrity and James K. Luiselli

Abstract

We evaluated a supervisory protocol that targeted preparation of behavior support plans by administrative staff at a school for children with developmental disabilities. Using a multiple baseline design, the protocol was applied sequentially to three components of behavior support plan preparation. Intervention procedures included goal specification, action directives, and performance feedback. The administrative supervisory protocol increased and maintained proper completion of the behavior support plan components. Aspects of systems-focused change are discussed.

Keywords: behavior support plans, special education administration, developmental disabilities.

Many children with developmental disabilities receive educational services in specialized school programs. Intensive intervention may be required when a child has seriously challenging behaviors such as aggression, property destruction, and self-injury. In such cases it is advisable to have a written behavior support plan (BSP) (Coddington, Feinberg, Dunn, & Pace, 2005). The advantages of a BSP are that intervention procedures are described operationally, the conditions for implementation are specified, and responsible staff are provided a reference document. These features make it likely that care providers will apply intervention procedures accurately.

A BSP should have proper clinical justification, with procedures derived from functional behavioral assessment (Drasgow & Yell, 2001). In addition, there are other elements integral to BSP preparation. For example, plans should consolidate all relevant information into a single-source document. There should be evidence that staff responsible for intervention read the BSP, and that parent consent was acquired. Monitoring these and similar components of BSP preparation is critical to ensure compliance with practice standards. Accordingly, our purpose in the present study was to evaluate the effects of a supervisory protocol on completion of BSP components by administrative staff at a school for children with developmental disabilities. The protocol included several performance enhancement strategies (Reid & Parsons, 1995) and was evaluated empirically in a multiple baseline design.

Method

Participants and Setting

The participants were 7 administrators at a private school for children with developmental disabilities (N = 51). The administrators included the director of the school, the director of family services, and 5 program managers. These individuals were responsible for operation of the school including supervision of classroom teachers and teacher-assistants. In total, there were 8 classrooms, each comprised of a primary teacher, 2-3 teacher-assistants, and 5-7 students. Students (ages 3-14 years) attended school for 6 hours on weekdays.

Measurement

Twenty (20) students at the school had written behavior support plans that were being implemented at the start of the study. The dependent measures were the following three components of BSP preparation:

Parent Consent. Parents were required to give informed consent for the implementation of a BSP with their child. Once a BSP was written, it was reviewed with parents and they were requested to grant verbal approval. The BSP also had an accompanying one-page informed consent form for parents' signature.

Staff Sign-Off. Before implementing procedures, classroom teachers and teacher-assistants were required to read each student's BSP. The plans were contained in casebooks for each student. Each classroom staff member was expected to acknowledge reading the BSP by signing her/his name on a one-page form.

Comprehensive BSP. A comprehensive BSP was considered a single written document that described all intervention procedures implemented with a student. Thus, it was expected that if a student was receiving intervention for three challenging behaviors, all respective procedures would be reflected in one document instead of three separate behavior support plans.

The senior author recorded each classroom's compliance with the BSP components. Measurement was performed each month and data summed as the percentage of behavior support plans that (a) had a signed parent consent form, (b) had an endorsed staff sign-off form (primary teacher and assistants) and, (c) were written as a single comprehensive document.

Design and Procedures

Intervention in the form of an administrative supervisory protocol was applied sequentially to each BSP preparation component in a multiple baseline design.

Baseline. During this phase no intervention was in effect that targeted the BSP preparation components. Classroom staff wrote behavior support plans and their compliance with the component measures was recorded.

Intervention. In collaboration with the participants, the senior author designed and implemented the supervisory protocol. Specific classrooms were assigned to the participants and in that capacity they were responsible for working with the classroom staff toward proper completion of the BSP components. Intervention procedures were introduced, and reviewed subsequently, at a group meeting convened with the participants and the authors one day each month.

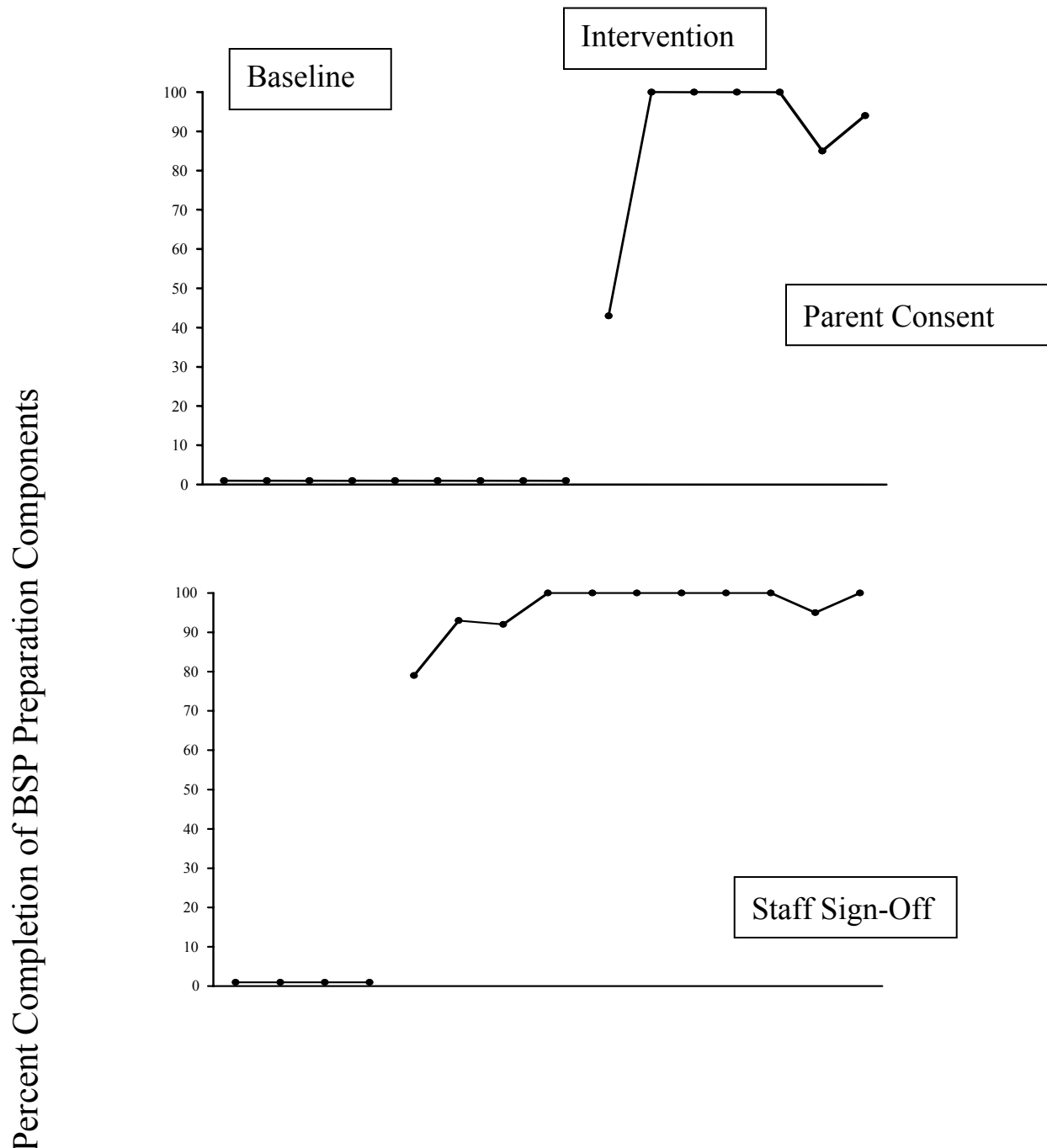
Goal Specification. The three BSP preparation components were identified. The importance of having signed parent consent, staff acknowledgement, and a comprehensive BSP were explained to the participants. Each component was defined operationally and selected as a goal to be addressed through intervention.

Action Directives. The participants were instructed in how to complete each BSP preparation component. When necessary, the senior author gave them additional direction outside of the monthly group meeting.

Performance Feedback. The authors reviewed the data recorded for each classroom with the participants at the monthly group meeting. Data were presented visually in the form of a summary table. The authors acknowledged improved performance by the participants with praise and approval. As warranted, corrective feedback was given specifying actions to be taken and expected outcomes.

Results

Figure 1 shows the percentage of BSP preparation components completed each month. During baseline, none of the classrooms had completed components properly. With intervention, completion of each component increased. For the parent consent component, there was a slight increase in percent completion during the first month of intervention, followed by a dramatic upward trend to near-100% performance. Similarly, the staff sign-off component improved during the first month of intervention and increased steadily throughout intervention. The percentage of comprehensive behavior support plans completed also increased progressively with intervention.



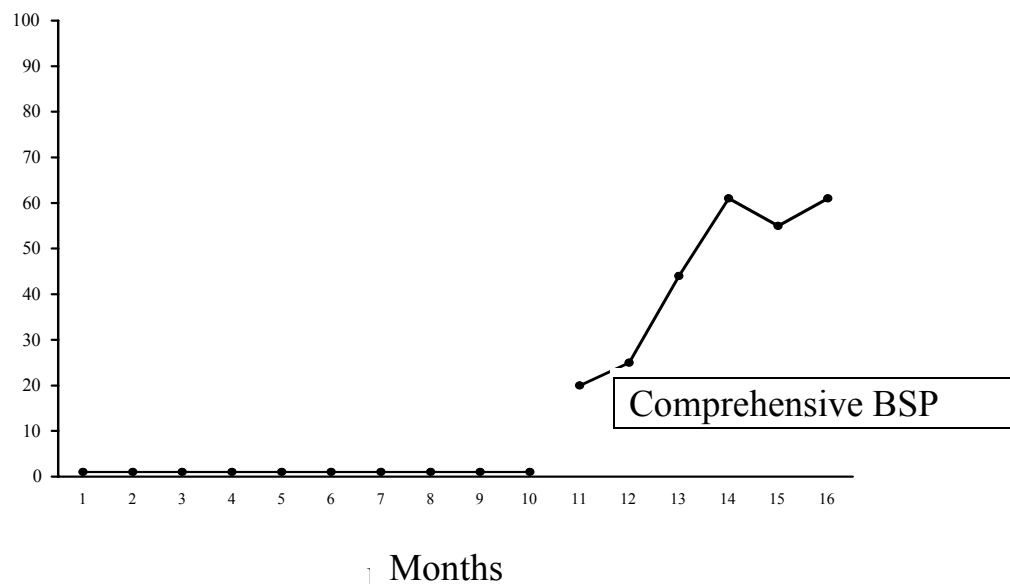


Figure 1. *Percent completion of BSP preparation components.*

A supervisory protocol was implemented to improve behavior support plan preparation by administrative staff at a school for children with developmental disabilities. Preceding intervention, classroom teachers and assistant staff followed written behavior support plans but administrators did not perform important documentation practices. Specifically, staff did not acquire consent signatures from parents, sign-off that they read the BSP, and combine procedures into a single comprehensive plan. Recognizing that these omissions required correction, a systems-focused intervention was designed and applied sequentially to each BSP preparation component.

The supervisory protocol combined several procedures. Because identifying critical job responsibilities is integral to staff training programs (Clark, 2001), we included goal specification and respective action directives. In effect, the participants were informed about administrative expectations and given behavior-specific instructions to address them. Systematic feedback then was provided to the participants so that they were appraised of progress, received positive reinforcement, and could correct deficiencies (Daniels, 1989; Guercio, Dixon, Soldner et al., 2005). The procedures comprising the administrative supervisory protocol were easily implemented and monitored, without requiring additional resource allocation. Accordingly, the participants judged the protocol as an efficient and effective strategy to improve performance objectives.

The multiple baseline design showed that positive results only occurred when intervention was applied to each BSP preparation component. Whether instructions to the participants alone would have produced the same outcome cannot be answered because several procedures comprised the supervisory protocol. Anecdotally, our impression is that action directives with systematic performance feedback were critical to intervention effectiveness. Another qualification is that in contrast to the parent consent and staff sign-off components, comprehensive behavior support plan preparation improved significantly during intervention but did not achieve 100% completion.

The administrative supervisory protocol evaluated in this study was directed at components of behavior support plan preparation but could be instituted with other staff performance objectives. For example, ensuring that administrative staff and allied professionals record, summarize, and construct visual displays of data is integral to service delivery. Another illustration would be written documentation

of staff meetings, telephone conversations, and email correspondence with parents, physicians, and other individuals involved in the care of a child. Like the focus of this study, there are many administrative responsibilities that are critical to operating a service setting and can be fulfilled optimally through systematically implemented, performance enhancement strategies.

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Authors' Note

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Author Contact Information:

Meredith L. Garrity, Ph.D., BCBA
The May Center for Child Development
41 Pacella Park Drive
Randolph, MA 02368
E-mail: mgarrity@mayinstitute.org

James K. Luiselli, Ed.D., ABPP, BCBA
The May Center for Child Development
41 Pacella Park Drive
Randolph, MA 02368
E-mail: jluiselli@mayinstitute.org